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Medical Equipment

Spain

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U.S. DEPARTMENT OF COMMERCE
International Trade Administration

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Table 1.—Spain: Domestic production, imports, exports, and apparent domestic consumption of medical equipment, 1981-82 and 1988

(in millions of U.S. dollars)

	1981	1982	Projected 1988
Medical/surgical, electromedical, diagnostic, ophthalmic apparatus (90.17)			
Domestic production	13.00	12.29	37.2
Imports	110.42	108.82	132.9
Exports	10.22	7.27	18.8
Domestic consumption	113.20	113.84	150.9
Mechanotherapy and respiratory appliances (90.18)			
Domestic production	2.17	1.91	6.6
Imports	7.13	8.28	9.8
Exports	1.11	1.13	3.7
Domestic consumption	8.19	9.06	12.7
Orthopedic appliances, prostheses, hearing aids, pacemakers, etc. (90.19)			
Domestic production	7.04	6.37	23.6
Imports	21.13	20.88	25.4
Exports	5.16	5.14	13.9
Domestic consumption	23.01	22.11	35.1
X-ray apparatus (90.20)			
Domestic production	14.62	13.11	39.2
Imports	21.52	25.59	27.3
Exports	9.02	6.63	17.3
Domestic consumption	27.12	32.07	49.2
Combined total			
Domestic production	36.83	33.68	106.1
Imports	160.20	163.57	195.4
Exports	25.51	20.17	53.7
Domestic consumption	171.52	177.09	247.4

Source: Spanish Customs Authority and International Trade Administration research report, "Medical Equipment Markets, Spain" (see Additional Information box).

Sales of medical equipment in Spain are projected to grow an average 6 percent annually between 1982 and 1988 to $248 million, when measured in constant dollars[1] (see table 1). Imports, amounting to $164 million in 1982 supplied the overwhelming portion of the $177 million domestic consumption as well as parts for domestic production and exports. U.S. firms have been the largest suppliers with a 33 percent share of the import market (see table 2). Steady but unspectacular growth is expected in all segments of the market, with the most rapid increase projected in sales of orthopedic and prosthetic appliances, hearing aids, and pacemakers. The public sector accounts for 85% of demand, with INSALUD (National Institute of Health) absorbing 70% of the total.

The current National Health Plan (through 1987) emphasizes both improving the quality of medical attention in existing facilities and extending service through 20 new family and community centers, 5 health centers, and 150 basic medical consultation centers. The planned decentralization of primary care is expected to boost sales of medical equipment to mobile and permanent health care/population screening centers from less than $4 million in 1982 to over $12 million in 1988 (see table 5). Other national priorities include family planning, kidney failure aid, and hospital management.

A new planning office, proposed within INSALUD to determine needs for electromedical equipment and establish criteria for overall internal uniformity, should stimulate equipment sales and open the door to an increased level of technology throughout the health care system. One of the best-equipped hospital centers in the country has not replaced equipment purchased 7 years ago, although a 5- to 6-year amortization period is normal in developed countries. Tight money has created a backlog in demand for advanced equipment in all areas of practice. As additional resources are made available in the public sector, sales of such products should flourish.

Competitive Assessment

Imports accounted for 92 percent of Spanish medical equipment purchases in 1982. U.S. and German companies together captured over half the market, with American firms taking around 30 percent of imports sales. The preponderant role of foreign suppliers will continue, as they provide a wide range of both standard and sophisticated items not produced by the relatively small domestic industry.

The 1984 National Electronics and Informatics Development Plan, however, targets a 35-percent share of the market for local manufacturers by the end of 1988. Such a goal is recognized as ambitious, given recent performance and current economic challenges, and a 22-percent share is anticipated within the industry. Even this is considered optimistic, as it would require an average annual growth rate of 20 percent and high levels of investment on the part of the public sector and/or private concerns.

U.S. suppliers.—U.S. medical equipment manufacturers can look forward to a 3-percent average annual increase in Spanish sales, from $62 million in 1982 to more than $74 million in 1988, despite the impact of the strong dollar on sales of low- and medium-technology equipment. American performance has been particularly strong in advanced cardiology, ophthalmology, pediatric, renal, clinical laboratory, general hospital, and miscellaneous health care equipment (see table 3). U.S. firms are expected to retain their predominance in these areas, because the prestige accorded American products outweighs their comparatively higher prices. Spanish physicians, many of whom studied in the United States, are familiar with U.S. product lines and encourage decisionmakers to go with top-quality equipment.

The most rapid growth over the 6-year period is expected in sales of orthopedic and prosthetic appliances, hearing aids, and pacemakers, which should

[1] All values are given in U.S. dollars. Local currency is converted at the following exchange rates: US$1 = 92.31 pesetas (1981), 109.86 pesetas (1982), and 150 pesetas (1983). Values for 1984 and later years are given in 1982 constant dollars.

rise to $11 million and lift the American share of the import market in this segment from 39 percent to 42 percent. U.S. firms active in this market include Zimmer, 3M, Cardiac Pacemakers, Pacesetter Systems, and Nicolet Instrument Corporation.

Other American suppliers with significant presence in the Spanish market include the following:

- Hewlett-Packard, American Edwards (AHS), and Cordis in cardiology equipment
- Golden, Life-Tech Instruments, and Cooper Medical in ophthalmological equipment
- Ohio Medical Products, Air-Shield International, and Technicare in pediatric equipment
- Beckman Instruments, Becton Dickinson, Abbott Laboratories, Hycel, and Revco in clinical laboratory equipment
- 3M and Beckman Instruments in pulmonary apparatus
- Technicare, Biomed, and Xonics Medical Systems in general hospital equipment
- Hewlett-Packard, Eastman Kodak, and Xerox in miscellaneous health care equipment
- Johnson & Johnson, Gomco Surgical Manufacturing, Oximetric, McGhaw Medical, Pilling Instruments, and Amsco Hall Surgical in operating room equipment

Third-country suppliers.—Imports from third-country sources stood at $157 million in 1982 and are projected to increase to about $186 million by 1988. Western European companies, long dominant in the standard equipment market in Spain, will benefit from Spain's European Community (EC) membership January 1, 1986. Many producers are also moving actively into the more advanced equipment market.

German companies are expected to increase their share of the import market from 19 percent in 1982 to 21 percent in 1988. Leading German manufacturers well established in the Spanish market include Siemens, Draegerwerk AG, and Zeiss.

Italian companies, including Bellco, Sorin Biomedica, Elvi Div. Electronica, Cardioline, and Remco, are projected to increase their share of import sales from 13 percent in 1982 to 15 percent in 1988. They have done particularly well in the areas of pacemakers, dialysis apparatus, and clinical laboratory equipment. French suppliers, which provide 19 percent of imported X-ray equipment, are expected to maintain their overall 10-percent market share with 1988 sales of more than $25 million. Philips Medical Systems of the Netherlands and British firms such as Medelec, Boc Medishield, Coulter Electronics (U.K.), and Down Surgical are significant presences in specific market segments. U.K. manufacturers provide 24 percent of imported mechanotherapy and respiratory appliances and are by far the leading suppliers of pharmaceutical goods.

Japanese suppliers have become active in both low/medium- and high-technology equipment areas. Firms such as Nihon Khoden, Fukuda, Nikon, and Olympus Optical expect to capture 13 percent of the import market for medical/surgical, electromedical, diagnostic, and ophthalmic equipment by 1988.

Domestic producers.—About 30 firms comprise the Spanish medical equipment industry, with only 5 having more than 100 employees. The largest include Empresa Nacional de Optica (ENOSA) (wholly owned by the National Institute of Industry); General Electric Electromedicina (U.S. subsidiary); Compagnie Generale de Radiologie Espana (majority owned by C.G.R. of France); GRI-CEL (50-percent owned by American Hospital Supply); and Manufacturas Medicas (a private Spanish company with minority participation by Air Products USA).

Output of medical equipment reached $34 million in 1982, with exports totaling $20 million or 60 percent of production. X-ray equipment accounts for 40 percent of output and supplies 20 percent of the market. Other items range from kidney machines and ophthalmic

Table 2.—Spain: Imports of medical equipment by country of origin, 1981, 1982, and 1988

(in millions of U.S. dollars)

	1981	1982	Projected 1988
Medical/surgical, electromedical, diagnostic, ophthalmic apparatus (90.17)			
United States	36.70	36.73	43.8
Germany	19.83	21.52	20.2
Italy	8.87	11.74	18.6
Japan	9.99	10.11	17.2
Others	35.03	28.72	23.9
Total	110.42	108.82	132.7
Mechanotherapy and respiratory appliances (90.18)			
United States	2.44	2.41	2.9
United Kingdom	.92	1.82	2.3
Germany	1.34	1.33	1.8
France	.57	.92	1.2
Others	1.87	1.81	1.5
Total	7.14	8.29	9.7
Orthopedic, prosthetic appliance (90.19)			
United States	6.51	8.30	10.6
Germany	2.25	2.13	3.3
Switzerland	1.88	1.99	3.5
France	1.51	1.27	1.5
Others	8.98	7.19	6.4
Total	21.13	20.88	25.4
X-ray apparatus (90.20)			
United States	3.78	7.22	8.5
Germany	7.43	6.79	7.6
France	3.50	4.70	5.5
Italy	1.23	1.19	1.4
Others	5.57	5.68	4.4
Total	21.51	25.58	27.3
Invalid carriages (87.11-12-13)			
United States	.02	.08	0.7
Italy	7.49	9.06	10.8
France	3.37	2.88	2.9
Germany	.48	.64	0.7
Others	1.34	1.69	2.0
Total	12.70	14.35	17.1

Table 2.—Spain: Imports of medical equipment by country of origin, 1981, 1982, and 1988 (continued)

(in millions of U.S. dollars)

	1981	1982	Projected 1988
Medical furniture and mattress supports (94.02-04)			
United States	.60	1.03	1.4
Germany	1.46	2.27	2.9
Italy	.66	1.04	1.5
France	.74	.70	0.7
Others	1.75	1.79	1.8
Total	5.21	6.83	8.2
Spectacles and spectacle frames (90.03-04)			
United States	2.45	2.14	2.2
Germany	5.06	4.64	5.5
France	3.64	4.50	5.5
Italy	3.39	3.31	4.1
Others	3.20	3.75	4.6
Total	17.74	18.34	21.8
Pharmaceutical goods other than medicaments (bandages, wadding and other medical supplies) (30.04-05)			
United States	2.88	2.83	3.4
United Kingdom	4.48	5.05	6.1
Germany	3.40	3.44	4.1
Switzerland	.46	.57	0.7
Others	1.04	1.19	1.4
Total	12.26	13.08	15.7
Laboratory instruments including clinical laboratory instruments (90.25)			
United States	.74	.69	0.4
Germany	.42	.44	0.3
United Kingdom	.19	.27	0.3
France	.14	.06	0.0
Others	1.36	.51	0.1
Total	2.85	1.97	1.1
Photographic plates and film in the flat, including for X-ray use (37.02.031-2)			
United States	.11	.12	0.1
Belgium	.13	.17	0.3
Others	—	—	—
Total	.24	.29	.04
Combined total			
United States	56.23	61.55	74.0
Germany	41.67	43.20	55.3
Italy	23.00	27.38	37.8
France	20.43	22.47	25.4
Others	69.87	63.82	66.9
Total	211.20	218.42	259.4

Source: Spanish Customs Authority and International Trade Administration research report.

instruments to anesthesia equipment, artificial respirators, and electronic patient monitoring systems.

Government support for expanded industrial activity is being directed specifically to radiology, monitoring equipment, and therapeutic instruments. Research and development activities in support of such local products as artificial respirators have been promoted by various public bodies.

Health Care System

The public sector plays the principal role in health care delivery in Spain (see table 4), with the national Government sharing some responsibilities with autonomous regional Governments and municipal authorities. The Ministry of Health and Consumption, charged with overseeing the nation's health and providing most medical and health care services, administers 70 percent of the country's hospital network and financially supports 60 percent of the beds in the private hospital system. Within the Ministry, responsibilities are distributed as follows:

General Directorate of Health Care Planning
- Long-term planning activities

INSALUD
- Improvement of medical care and treatment in public facilities
- Improvement of basic medical consultations and preventive medicine
- Transfer of health care powers to the Autonomous Governments
- Assessment of existing needs and planning for implementation
- Preparation of the INSALUD budget

National Health Hospital Service (AISNA)
- Technical control of pharmaceutical/parapharmaceutical products and specialties
- Control of the quality of food products
- Identification and supervision of the use of resources
- Liaison with hospital centers not integrated into the public system
- Improvement of the nation's general state of health

In addition, the Ministry of Justice operates facilities that belong to the State prison system; military hospitals are administered by the Ministry of Defense; and the Ministry of Education is responsible for university centers and collaborating clinics.

In recent years, the greater autonomy granted to certain regions in Spain has included transfer of authority in health care matters. The Autonomous Governments of Catalonia, the Basque Country, and of Andalusia have new powers for planning, developing facilities, and administering health services within their jurisdictions. INSALUD maintains local offices in all provinces except those under the authority of the Autonomous Governments. Some regional, provincial, and local authorities also operate their own hospitals and let contracts for medical equipment. Autonomous and local governments account for about 15 percent of medical equipment expenditures.

Resources for maintenance of the public hospital system come from funds allocated by the State (about 20 percent) and from compulsory social security contributions paid by wage earners and their employers. Thirty-three million Spaniards, of a total population of 37.5 million, are covered by national health insurance. Some 10 million rely partially or

Table 3.—Spain: Sales outlook for specific U.S.-made medical equipment and major competitors, 1984-88

Items	Current level	U.S. sales outlook	Major competition Country	Company
Cardiology equipment				
Cardiac output analyzers/computers	High	High	—	—
Defibrillators	High	Medium	Japan	Nihon Khoden
			Spain	Icuatro
			Germany	Siemens
Central station and bedside intensive care systems	High	Medium	Germany	Siemens
			Denmark	Simonsen & Weel
				Medico Teknik
Electrocardiographs	Low	Low	Japan	Nihon Khoden
			Italy	Cardioline
			Japan	Fukuda
Intracardiac catheters	High	High	—	—
Balloon dilation catheters	High	High	—	—
Pulmonary apparatus				
Automated pulmonary testing systems equipment for diagnosing lung perfusion. Spirometers, oxygen and nitrogen analyzers	Medium	Medium	Germany	Jaeger
			Netherlands/U.S.	Gould Medical
			Spain	Manufacturas Medicas
			Germany	Draeger
Pneumotachometers	Low	Low	Germany	Jaeger
			Netherlands/U.S.	Gould Medical
Neurological equipment				
Evoked response stimulators, electroencephalographs, electromyographs	Medium	Medium	Japan	Nikon Khoden
			U.K.	Medelec
			France	Alvar
Ophthalmological equipment	High	High	Japan	Nikon
			Germany	Zeiss
			Spain	Enosa
Pediatric equipment				
Portable intensive care incubators	Medium	Low	Spain	J. Mani
			Spain	Oxifar-Manufacturas Medicas
			Germany	Draegerwerk A.G.
Renal equipment	High	High	—	—
Dialysis apparatus	Medium	Medium	Italy	Bellco SpA
Operating room equipment	Low	Low	Germany	Aesculap Werke AG
Microsurgical instruments, surgical pacemakers, fibroptic instruments, cryosurgical instruments			Germany	Medicon E.G.
			U.K.	Down Surgical Ltd.
Endoscopy equipment	Low	Low	Japan	Olympus
			Germany	Richard Wolf GmbH
Suction equipment for use with vacuum piping systems	Low	Low	Spain	Manufacturas Medicas
			Germany	Draegerwerk AG
			U.K.	Boc Medishield Ltd.
Anesthesia equipment	Low	Low	Spain	Manufacturas Medicas
			U.K.	Boc Medishield Ltd.
			Germany	Draegerwerk AG
Surgical tables	High	Medium	Germany	Maquet
			France	ALM Equipments Hospitaliers
Surgical lighting	High	High	Spain	Industrial Ordisi, S.A.
			Spain	Dissa, S.L.
General hospital equipment	High	High	Netherlands	Philips
			Japan	Toshiba Co.
			Japan	Shimadzu Co.
			France	CGR
			Germany	Siemens
Central station and bedside patient monitoring systems	Low	Low	Germany	Siemens
			Denmark	Simonsen & Weel
				Medico Teknik
Clinical laboratory equipment	High	Medium	Italy	Elvi Div. Electronica
			Spain	Atom
			Spain	Gi-cel
			Germany	Boehringer Manheim

Table 3.—Spain: Sales outlook for specific U.S.-made medical equipment and major competitors, 1984-88 (continued)

Items	Current level	U.S. sales outlook	Major competition Country	Company
Miscellaneous health care equipment	High	High	France	CGR
			Germany	Siemens
			Spain	Fridesa
			Netherlands	Philips
Orthopedic and prosthetic equipment and devices for the handicapped	Medium	Medium		
Artificial organs, implantable pacemakers	High	High	Italy	Sorin Biomedica SpA
Wheelchairs, walkers, canes	Low	Low	Spain	Lifante Vehiculos
			Spain	Monoto, S.A.
Physical therapy equipment	Low	Low	Germany	Bosch & Shon
			Germany	Jaeger

Source: International Trade Administration research report.

Table 4.—Spain: Health care expenditure in relation to GNP and budget, 1982-83 and 1988

(in billions of U.S. dollars)

	1982	1983	Projected 1988
Public sector			
Government budget (total):	53.41	66.56	97.4
Budget for health care:	8.19	8.92	12.5
of which: capital expenditures:	1.23	1.43	1.9
services:	2.46	2.68	4.0
insurance payments:	1.31	1.52	2.4
Private sector			
Estimate of total private expenditures on health care	1.37	1.64	2.6
Gross national product:	199.78	204.81	300.4
% of government health care budget to GNP	4.1	4.4	4.2
% of total public and private health care expenditures to GNP	4.8	5.2	5.1
Per capita GNP ($)	5,350	5,489	7,510
Per capita private health care expenditure ($)	36	42	50

Source: International Trade Administration research report.

wholly on private health insurance, which is also nationwide and covers all major medical services.

The country's health care budget is forecast to increase by 53 percent between 1982 and 1988, reaching almost $13 billion (see table 5). In line with plans to improve and extend the quality of care, the health services portion of the budget is expected to grow to over $4 billion, while that for capital expenditures should total almost $2 billion.

In 1979, Spain had a total of 1,135 hospitals, of which 56 percent had fewer than 100 beds; only 8 percent had 500 beds or more. General hospitals accounted for 56 percent of the 204,000 beds available (see table 6). Spain still has a lower number of beds per thousand inhabitants (5.7) than other Western European countries.

Annual expenditures on medical equipment for general hospitals are expected to amount to $141 million by 1988. Two major hospital projects are now underway in the Barcelona area. The General Hospital of Cataluna will have 750 beds and be ready for operation by 1986. Barcelona Hospital, a 414-bed general hospital facility sponsored by the Cooperative Society for Health Care Installations, is scheduled for completion by the end of 1985. INSALUD in 1983 had a series of construction projects underway involving more than 30 hospitals at a total cost of approximately $93 million. The largest of these projects (in thousands of U.S. dollars) include:

- New General Hospital, Rincon Palomas, Badajoz $18,094
- General Hospital, Sabadell-Tarrasa (Barcelona) 14,081
- General Hospital, Jativa (Valencia) 12,278
- General Hospital, Elda (Alicante) 6,984
- General Hospital, Barbastro (Huesca) 5,664
- General Hospital, Vic (Barcelona) 5,048
- Hospital, Leganes (Madrid) 4,871
- General Hospital, Zumarraga 4,320
- General Hospital, Pozoblanco (Cordova) 3,249

Table 5.—Spain: Estimated expenditures for medical equipment by major user sectors, 1982 and 1988

(in millions of U.S. dollars)

	1982		Projected 1988	
	Equipment	Supplies	Equipment	Supplies
General hospitals	97.40	9.74	141.1	14.06
University medical centers	10.63	1.06	14.9	1.50
Specialized medical institutions	12.40	1.24	17.3	1.77
Military hospitals	17.71	1.77	17.3	1.77
Clinical laboratories	8.85	.89	12.4	1.23
Mobile and permanent health care/population screening centers	3.54	.35	12.4	1.23
Physicians (private practitioners)	17.71	1.77	17.3	1.77
Works medical centers	8.85	.89	14.9	1.50
Total	177.09	17.71	247.5	24.85

Source: International Trade Administration research report.

Table 6.—Spain: Distribution of hospital beds according to specialization, 1979

	Number of hospitals	beds
General hospitals	399	114,856
Specialized hospitals		
• Surgical	382	22,543
• Maternity	98	2,902
• Children's	16	2,129
• Psychiatric	111	41,469
• Tuberculosis/chest	41	10,606
• Cancer	N/A	565
• Eye	N/A	258
• Rehabilitation	N/A	3,029
• Endocrinology and nutrition	N/A	36
• Heart and lungs	N/A	337
• Infectious diseases and leprosy	N/A	950
• Geriatric and terminal diseases	N/A	3,362
• Others	88	777
Subtotal	736	88,963
Total	1,135	203,819

Source: International Trade Administration research report.

Geographic distribution of health services is generally good, with clinics and small hospitals found in isolated rural areas and on offshore islands. In 1979, the largest numbers of hospitals were located in two of the now autonomous regions (Catalonia with 198 and Andalusia with 163) and in the Madrid area (116). The third autonomous region, the Basque Country, had the fifth largest number (82) among geographic areas.

Privately-operated health care facilities in 1979 included 62 church-operated hospitals, 30 Spanish Red Cross institutions, 63 facilities administered by private charities, and 480 operated by other private concerns. The profitmaking health care organizations include Sanitas, Asisa, Ceyde, Asepeyo, and La Alianza. The private hospitals tend to be small and not as well equipped as public facilities, although they account for 33 percent of all hospital beds.

The number of practicing physicians grew by almost 35 percent between 1979 and 1982, from nearly 82,000 to 110,000. Approximately 70 percent of all doctors are concentrated in large cities, and only 7 percent are found in rural practices. In 1981, nearly 40 percent were registered as general medical practitioners (see table 7). The country's 22 medical schools (1980) had about 7,300 students beginning the course each year.

Spanish specialists typically have divided their work between public hospitals and private practice. Private fee-paying practice is declining, however, due to the wide coverage offered by public health facilities and private profitmaking insurance organizations.

Marketing Practices

Three types of commercial entities handle most imports of medical equipment:

- Associates or subsidiaries of foreign manufacturing companies operating in the country
- Spanish branches of multinational corporations
- Specialized importers

These importers rely upon a nationwide network of regional representatives or distributors through which products are supplied to end users, although large orders are generally handled directly by the importer or manufacturing firm.

Most purchase decisions are made by public tender, under which payment terms and delivery periods are generally stipulated. Price has become more important recently because of current economic conditions. National policy now requires that maintenance contracts with firms operating in Spain must be arranged by INSALUD in conjunction with all supply contracts.

Trade Regulations

Import duties on medical equipment for GATT members average about 14 percent, ranging from zero for cardiac pacemakers and radiation therapy apparatus to 30.5 percent for X-ray generating lamps. Slightly reduced rates may be applicable to certain U.S. products in conjunction with a partial lifting of import duties. On January 1, 1986, Spain will enter the EC, whose members currently receive a 25-percent reduction on the general rates. On March 1, 1986, Spain will begin a 7-year transition to the EC's common external tariff. This will culminate in zero duties for EC firms, and much lower duties for U.S. firms.

A compensatory tax of 10 percent designed to offset an excise tax imposed on domestically manufactured goods of the same kind is applied to all products entering Spain. This tax system (ICGI) will be replaced on January 1, 1986 by a value added tax system. Health care will be exempt, medical equipment will be charged 12 percent, medicines 6 percent. A liberalized import system applies to all medical equipment categories.

Import declarations are made by the importer through the State Secretariat for Trade of the Ministry of Economy and are sent to the following address:

General Directorate of Imports and Customs
Paseo de la Castellana, 162
Madrid, Spain

Table 7.—Spain: Distribution of registered doctors according to specialization, 1981

	Number of doctors (in thousands)	% of total
General medicine	37.7	39.0
Pediatrics	10.6	11.0
Surgery	9.7	10.0
Gynecology	7.7	8.0
Psychiatry	7.7	8.0
Internal medicine	4.8	5.0
Stomatology	4.8	5.0
Respiratory function	3.9	4.0
Digestive function	3.4	3.5
Analytical laboratory	3.4	3.5
Ophthalmology	2.9	3.0
Total	96.6	100.0

Source: International Trade Administration research report.

When a liberalized import system applies, the Department will authorize the license within a 4- to 5-day period.

No serious difficulties are associated with importing medical products into the country. A specialized importer or experienced local distributor can provide useful information regarding any norms or standards with which products should comply.

Technical Requirements

Technical standards regulating the manufacture and sale of medical equipment in Spain are now being established. The single compulsory requirement approved so far relates to equipment for intensive care monitoring of patients. In the past, U.S. standards were usually accepted and compliance with them will greatly speed Spanish certification. A series of voluntary UNE standards already exists relating to electromedical equipment. A committee has been established by the Institute for the Rationalization and Normalization of Standards (IRANOR) to bring the Spanish system into line with those of other Western European countries. Inquiries should be addressed to:

IRANOR
Serrano, 150
28006 Madrid, Spain

Additional Information

The project officer responsible for Country Market Surveys on medical equipment is:

Ghislaine Francis
Market Analysis Branch Rm. 2012
International Trade Administration
U.S. Department of Commerce
Washington, D.C. 20230

The Survey summarizes a 79-page research report prepared by Metra/Seis Economia, under contract for the U.S. Department of Commerce, and reflects the opinions and views of interviewees in Spain and not those of the Department of Commerce. The research report gives considerably more detail on all the points touched upon in the Survey, as well as marketing practices, trade regulations, technical standards, and the names and addresses of prospective customers, potential agents and distributors, trade assoications, and trade publications.

Current information on marketing conditions in Spain is available from:

Spain Desk Officer
ITA/IEP, Rm. 3042
U.S. Department of Commerce
Washington, D.C. 20230

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